

Number of pages 29  
 Received on 6-27-2023  
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 by S. Tomlinson at SVSP  
 for the Northern District of California.

1 **COMPLAINT BY A PRISONER UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983**

2 Name: Guy William  
 3 (Last) (First)

4 Prisoner Number: #C-53829

5 Institutional Address: Salinas Valley State Prison,  
 6 P.O. Box 1050 (B-1-139-L), Soledad, Ca 93960

7  
 8 **UNITED STATES DISTRICT COURT**  
 9 **NORTHERN DISTRICT OF CALIFORNIA**

**FILED**

Jun 28 2023

Mark B. Busby  
 CLERK, U.S. DISTRICT COURT  
 NORTHERN DISTRICT OF CALIFORNIA  
 OAKLAND

10 William Guy  
 11 (Enter your full name.)  
 12 vs.  
 13 Suii (PCP), S. Sawyer, Chief Support  
 14 Executive, S. Gates, Heath Care &  
 15 Appeals Branch, et al.  
 16 (Enter the full name(s) of the defendant(s) in this action.)

Case No. 5:23-cv-03202-NC  
 (Provided by the clerk upon filing)

**COMPLAINT UNDER THE  
 CIVIL RIGHTS ACT,  
 42 U.S.C. § 1983**

17 **I. Exhaustion of Administrative Remedies.**

18 **Note:** *You must exhaust available administrative remedies before your claim can go*  
 19 *forward. The court will dismiss any unexhausted claims.*

20 A. Place of present confinement Salinas Valley State Prison

21 B. Is there a grievance procedure in this institution? YES ☒ NO ☐

22 C. If so, did you present the facts in your complaint for review through the grievance  
 23 procedure? YES ☒ NO ☐

24 D. If your answer is YES, list the appeal number and the date and result of the appeal at each  
 25 level of review. If you did not pursue any available level of appeal, explain why.

26 1. Informal appeal: #SVSP MC-22001383

1 2. First formal level: Date Completed Oct 18/2022

2  
3  
4 3. Second formal level: Second Level Completed Feb 22/2023

5  
6  
7 4. Third formal level: \_\_\_\_\_

8  
9  
10 E. Is the last level to which you appealed the highest level of appeal available to you?

11 YES ☒ NO ☒

12 F. If you did not present your claim for review through the grievance procedure, explain why.

13  
14  
15  
16 **II. Parties.**

17 A. Write your name and present address. Do the same for additional plaintiffs, if any.

18 William Guy, C-53829, Slainas Valley State Prison, (B-1-139-L)

19 Soledad, California 93960

20  
21 B. For each defendant, provide full name, official position and place of employment.

22 Dr. Suii (Primary Care Provider, Slainas Valley State Prison

23 S. Sawver, Chief Support Executive, Slainas Valley State Prison

24 S. Gates, Health Care Appeal Branch, Elk Grove, California

25 P.O. Box 588500 Elk Grove, Ca 95758

1 **III. Statement of Claim.**

2 State briefly the facts of your case. Be sure to describe how each defendant is involved  
and to include dates, when possible. Do not give any legal arguments or cite any cases or  
3 statutes. If you have more than one claim, each claim should be set forth in a separate  
numbered paragraph.

4 Dr. Suii, (PCP) Denied Plaintiff Medical Treatment Deliberate  
5 Indifference To A Serious Medical Need.

6 S. Sawyer Acted In Conjunction With The Primary Care Provider  
7 In Denying Plaintiff Guy Medical Treatment Deliberate Indiff-  
8 erence To A Serious Medical Need.

9 S. Gates Acted In Conjunction With The Primary Care Provider  
10 Dr. Suii In Denying Plaintiff Medical Treatment

11  
12  
13  
14  
15  
16 **IV. Relief.**

17 Your complaint must include a request for specific relief. State briefly exactly what you  
want the court to do for you. Do not make legal arguments and do not cite any cases or  
18 statutes.

19 Award Compensatory And Punitive Damages Jointly And  
20 Severally Against Each Defendant

21  
22  
23  
24 I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

25 Executed on: 5/22/2023

*Date*

*Signature of Plaintiff*

1 William Guy,C-53829  
2 Salinas Valley State Prison  
3 P.O.Box 1050 (B-1-139-L)  
4 Soledad,California 93960  
5 In Pro Se.  
6  
7  
8  
9

10 United States District Court  
11 Northern District Of California  
12  
13

14 William Guy,  
15 Plaintiff,

Case No. \_\_\_\_\_

16 V.S  
17 Suii,(PCP)  
18 Primary Care Provider  
19 S.Sawyer,Chief Support  
20 Executive  
21 S.Gates,Health Care And  
22 Appeals Branch,  
23 Defendant's, et al. /  
24

42 U.S.C. §§ 1983  
First Amended Complaint  
Demand For Jury Trial.  
\$150,000

25 Preliminary Statement

26 This Is A Civil Rights Action Filed By Mr.William Guy,A State  
27 Prisoner For Damages Purauant To 42 U.S.C. §§1983,Alleging  
28 Deliberate Indifference To A Serious Medical Need And Denial

1 Of Medical Treatment Inviolation Of The Eight Amendment Of The  
2 United States Constitution.  
3 Plaintiff Futher Alleges Eight Amendment Violation Intentionally  
4 Interfering And Denying Medical Treatment Prescribed By A Doctor  
5 Inviolation Of The United States Constitution.

6  
7 Jurisdiction

8 1).This Case Is Brought Pursuant To 42 U.S.C.1983,To Address  
9 These Deprivation Under Color Of State Law Of Rights Secured  
10 By The Constitution Of The United States,Jurisdiction Is Based  
11 Upon 28 U.S.C. §§ 1331 And 1343 (a)(3),The Unlawful Acts And  
12 Omissions Alleged Occurred Primarily Within This Judicial  
13 District And The Majority Of The Defendants Reside Within This  
14 District 28 U.S.C. §§ 1391 (b).

15  
16 Exhaustion Of Remedy

17 42 U.S.C.A. §§ 1997e(a)

18 2).Plaintiff Willim Guy Has Filed And Exhausted An Administrat-  
19 ive,Health Care Appeal #SVSP HC-22001383 In Connection With  
20 These Claims Adequate For Exhaustion Herein,(See CDCR Health  
21 Care Appeal Attached As Exhibit (A).

22  
23 Supplemental Jurisdiction

24 3).The District Court Has Supplemental Jurisdiction Over,  
25 Plaintiff's State Law Claims Under 28 U.S.C. §§ 1367(a).

26  
27 Parties

28 4).Plaintiff Willam Guy,Was At All Times Mentioned Herein A

1 Prisoner At Salinas Valley State Located In Soledad California  
2 As, A DDP 2 Level Of Care Under The American With Disabilities  
3 Act (ADA).

4 5). Defendant Suii At All Times Mentioned Herein Was Employed  
5 By The California Department Of Corrections And Rehabilitation  
6 (CDCR) As, A Primary Care Provider At Salinas Valley State Prison  
7 This Defendant Is Sued In Her Individual Capacity For \$50,000  
8

9 6). S. Sawyer At All Times Mentioned Herein Was Employed By The  
10 California Department Of Corrections And Rehabilitation (CDCR)  
11 As The Chief Support Executive At Salinas Valley State Prison  
12 This Defendant Is Sued In His Individual Capacity For \$50,000  
13

14 7). S. Gates At All Times Mentioned Was Employed By The  
15 California Department Of Corrections And Rehabilitation (CDCR)  
16 At The Health Care Appeal Branch In Elk Grove California This  
17 Defendant Is Sued In His Individual Capacity For \$50,000  
18

19 8). Plaintiff Contends That These Individual Defendant's herein  
20 Have Acted Under Color Of State Law At All Times Relevant To  
21 This Complaint.  
22

23 9). Plaintiff Contends All These Defendant's Acted Pursuant To  
24 Known Illegal Policies And Practices And Customs Of The  
25 California Department Of Corrections And Rehabilitation (CDCR)  
26

27 Deliberate Indifference

28 Claim #1). Plaintiff Contends Primary Care Provider Suii Denied

1 Plaintiff Medical Treatment Intentionally Ignoring The  
2 Seriousness Of Mr.Guy's Medical Condition Only Exacerbate The  
3 Pain And Suffering Plaintiff Has To Endure By Delaying The  
4 Reconstructive Knee Surgery As It Significantly Affects His  
5 Mobility.

6  
7 11).Plaintiff Contends He Is Relinat On,A Wheelchaar And The  
8 Assistance Of A ADA-Assistant Due To Dr.Suii Denying Plaintiff  
9 Medical Treatment Which Constiutes Delibrate Indifference To  
10 To A Serious Medical Need Inviolatation Of Plaintiff's Eighth  
11 Amendment Right To Be Free From Cruel And Unusual Punishment.

12  
13 12).Plaintiff Contends He Is A DDP 2 Leval Inmate And Suffers  
14 From Severe And Constant Pain As A Drict Result Of Being Denied  
15 Reconstructive Knee Surery,Plaintiff Contends All His Request's  
16 For Surgery Is Still Being Denied Inviolatation Of His Eighth  
17 Amendment Right To Be Free From Cruel And Unusual Punishment.

18  
19 13).Plaintiff Contends It's Very Painful To Even Sit While  
20 Using The Toilet As It Is Tremendously Agonizing To Life His  
21 Self Up Afterwards Due To The Fact Plaintiff Is Not Assign To  
22 A ADA Cell With Rails To Lift His Self Inviolatation Of The  
23 Eighth Amendment Right And Delibate Indifference To A Serious  
24 Medical Need.

25  
26 14).Plaintiff Contends Before Covid-19 He Was Scheduled For  
27 Surgery In The Month Of October 2021,And Was Approved By The  
28 Head Of Medical Department.Plaintiff Contends It Has Been Over



1 19 Months And He Continues To Suffer Excrciating Pain As These  
2 Named Defendant's Have Acted With A Culpable State Of Mind By  
3 Denying Plaintiff The Surgery That Was Approved In October 2021.  
4

5 15).Plaintiff Contends That He Been Suffering In Severe Pain  
6 Due To Being Denied Reconstructive Knee Surgery And These  
7 Named Defendant's Have Fail To Reschedule The Surgery That Is  
8 Very Critical Not Only To Relieve The Constant Pain And Suffer-  
9 ing But,Plaintiff's Over All Health And Safety As Well As His  
10 Mobility Delibarate Indifference To Plaintiff's Serious Medical  
11 Need Inviolatation Of Plaintiff's Right To Be Free From Cruel  
12 And Unusual Punishment Under The Eighth Amendment.  
13

14 16).Plaintiff Contends He Is Blatantly Being Denied And Deprived  
15 Medical Treatment Which Is Clearly Defined In Chapter 2. Rules  
16 Of Health Care Service Article 1. Health Care Definition 3999.98  
17 Of The Title 15,(Medically Necessary).Plaintiff Contends That  
18 Medical Staff And Dr.Suii Continue To Use The Covid-19  
19 Restrictions As A Source Of Reasoning For Denying,Plaintiff His  
20 Reconstructive Knee Surgery When Judge's Have Rule That Covid-19  
21 Restrictios Amount To Cruel And Unusual Punishment At San  
22 Ouention Prison.  
23

24 17).Plaintiff Contends That Primary Care Provider Dr.Suii Seems  
25 To Think That All African American Prisoner's Only Want Is  
26 Pain Medication When Plaintiff Was Subsequently Scheduled For  
27 Reconstructive Knee Surgery But When The Covid-19 Pandemic Hit  
28 All Out Side Movement Stopped And Now Movement Has Reed Reinsta-



1 -ted,Plaintiff Contends That He Is Still Peing Denied Medical  
2 Treatment And Contiune To Suffer In Excruciatin Pain.

3  
4 18).Plaintiff Contends That Defendant S.Gates Violated Known  
5 Policy And Procedures By Acknowledging That On,September 28/22  
6 Plaintiff Was Seen For An Orthopedic Consultation And The  
7 Progress Notes Indicates That A Surgeon Recommended Repeat  
8 X-Rays And Requested That They Be Sent To The Prior Scheduling  
9 Surgery.

10 Plaintiff Contends On October 13/2022,X-Rays Of The Bilateral  
11 Knees Were Conducted,Plaintiff Contends Futher That On December  
12 12/2022,He Was Sequentially Seen By The Orthopedic Consultation  
13 As The Orthopedic Specialist Reviewed The X-Rays And There For  
14 Recommended A Magnetic Resonance Imaging (MRI) Arthrogram And  
15 A Follow Up ,On February 7/202023 An MRI Arthrogram Was  
16 Conducted.

17  
18 19).Plaintiff Contends Defendant S.Gates Have Acted In  
19 Conjunction With The Primary Care Provider Dr.Suii In Denying  
20 Plaintiff Medical Treatment And Reconstructive Knee Surgery  
21 Which Has Caused Plaintiff In Severe And Excruciting Pain  
22 When Defendant S.Gates Has The Authority To Order Primary  
23 Care Provider Dr.Suii To Reschedule Plaintiff's Reconstructive  
24 Knee Surgery ,But Instead Defendant S.Gates Denied Plaintiff  
25 Medical Treatment Maliciously And Sadisically An Act Of  
26 Deliberate Indifference To,Plaintiff's serious Medical Needs  
27 Plaintiff Contends That Defendant S.Gates Actions Of Ignoring  
28 The Seriousness Of Plaintiffs Medical Needs Have Resulted In

1 Unnecessary And Wanton Infliction Of Ongoing Pain And Suffering  
2 Due To The Present Medical Condition That Significantly Affects  
3 Plaintiff's Daily Activities.

4  
5 20).Plaintiff Contends These Named Defendant's Have Violated  
6 His Constitutional Rights Proected By The 8Th Amendment Against  
7 The Infliction Of Cruel And Unusual Punishment And Deliberate  
8 Indifference ToPlaintiff's Serious Medical Needs.

9  
10 21).Plaintiff Contends Futher That Defendant's Dr.Suii (PCP)  
11 Primary Care Provider,Defendant S.Sawyer,Chief Support Executive  
12 Defendant S.Gates,Health Care Appeals Branch Conduct Violates  
13 42 U.S.C.ss 1983,As Their Conduct Constitutes An Act Of  
14 Deliberate Indifference To Plaintiff's Serious Medical Needs  
15 In Violation Of His Eighth Amendment Rights To Be Free From  
16 Cruel And Unusual Punishment.

17  
18 22).Plaintiff Allege The Act's And Omissions Of Defendant Dr.  
19 Suii,Defendant S.Sawyer Chief Support Executive And Defendant  
20 S.Gates Health Care Appeal Branch Served No Legitimate  
21 Penological Interest Or Institutional Goal.

22  
23 Claim For Relief

24 23).(Eighth Amendment Violation,Deliberate Indifference To  
25 Serious Medical Needs).

26 Plaintiff's Medical Condition As Described Herein Constitutes  
27 A Serious Medical Need In That The Denial Of Medical Treatment  
28 That Was Approved By The Medical Department On Octber 2021

1 Has Resulted In Further Significant Injury To Plaintiff Knee  
2 And On Going Failure To Treat It Is Likely To Cause More  
3 Serious Injury, Plaintiff Contends Said Injury Has Included But  
4 Not Necessarily Beed Limited To Severe Pain, Plaintiff Is Still  
5 Experiencing Severe Paint In His Right Knee And Leg.

6  
7 24). Plaintiff Is Informed And Believes Alleges That Defendant's  
8 Have Acted Intentionally In The Manner Described Above And With  
9 Knowledge Of The, Plaintiff's Pain And Suffering And The Risk Of  
10 Futher Serious Harm That Could Result In Permanent Damage And  
11 Irreversible Affecting Plaintiff's Ability To Walk From Their  
12 Actions And Or Refusal To To Act And Perform Reconstructive  
13 Knee Surgery.

14  
15 25). Plaintiff Contends The Acts And Omissions Of Defendant Dr.  
16 Suii (PCP) Denial Of Medical Treatment Constitutes Deliberate  
17 Indifference In Violation Of Plaintiff's Eighth Amendment Rights  
18 Of The United States Constitution.

19  
20 26). Plaintiff Contends The Acts And Omissions Of Defendant  
21 S. Sawyer, Chief Support Executive Denial Of Medical Treatment  
22 Constitutes Deliberate Indifference In Violation Of Plaintiff's  
23 Eighth Amendment Rights Of The United States Constitution.

24  
25 27). Plaintiff Contends The Acts And Omission Of Defendant  
26 S. Gates, Health Care Appeal Branch Denial Of Medical Treatment  
27 Constitutes Deliberate Indifference In Violation Of Plaintiff's  
28 Eighth Amendment Rights.

RELIEF REQUESTED

Wherefore, Plaintiff Respectfully Prays For The Following Relief

A. Issue A Declaratory Judgment That The Defendant's Acts And Omissions And Practices Described Herein Violated, Plaintiff's Rights Stated Herein.

B. Award Compensatory And Punitive Damages Jointly And Severally Against.

1). Defendant Dr. Suii, (PCP) Primary Care Provider For Denial Of Medical Treatment Maliciously And Sadistically And Act Of Deliberate Indifference .

2). Defendant S. Sawyer, (CSE) Chief Support Executive Denial Of Medical Treatment Maliciously And Sadistically An Act Of Deliberate Indifference To Plaintiff's Serious Medical Needs.

3). Defendant S. Gates (HC) Appeals Branch Denial Of Medical Treatment Maliciously And Sadistically An Act Of Deliberate Indifference To Plaintiff's Serious Medical Needs..

C. Award Punitive Damage Against Defendant's Dr. Suii, S. Sawyer And S. Gates.

D. Grant Any Other Relief The Court Deems Appropriate.

Respectfully Submitted

William Guy, G-53829

X. *William Guy* 6/28/2023

In Pro Se.

VERIFICATION

Pursuant To 28 U.S.C. §§ 1746, I Declare And Verify Under  
Penalty Of Perjury That The Fore Going Is True And Correct.

Respectfully Submitted

William Guy, G-53829

X. *William Guy*

In Prose

*06/22/2023*

Dated June 22/2023

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

William Guy, C-53829

VS.

DeSuii, (PCP) Primary Care Provider,

S. Sawyer, Chief Support Executive,

S. Gates, Health Care Appeal Branch,

Defendant's, et al. /

Case Number;

PROOF OF SERVICE

I Hereby Certify That On June 22/2023 I Served A Copy Of The Attached  
First Amended Complaint, 42 U.S.C. §§ 1983,

By Placing A Copy In A Postage Paid Envelope Addressed To The Person(s)  
Hereinafter.

Listed By Depositing Said Envelope In The UNITED STATES Mail At  
Solinas Valley State Prison

P.O.Box 1050 (B-1-139-L)

Soledad, California 93960 /

93960

List Names And Adresses Of Each  
Defendant Or Attorney)

Clerk Of The U.S. District Court  
450 Golden Gate Avenue, Box 36060

San Francisco, California 94102

I Declare Under Penalty Of Perjury That The Foregoing Is True And Correct

X. William Guy  
6/28/2023

STATE OF CALIFORNIA  
HEALTH CARE GRIEVANCE  
CDCR 602 HC (Rev. 06/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION  
Page 1 of 2

1 of 4 copy's

STAFF USE ONLY Expedited? ☐ Yes ☐ No Institution: SVSPAC 2200/383 Tracking #: 9/16/22

**J. SAN JUAN, RN**

Staff Name and Title (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you think you have a medical, mental health or dental emergency, notify staff immediately. If additional space is needed, only one CDCR 602 HC A Health Care Grievance Attachment will be accepted. You must submit this health care grievance to the Health Care Grievance Office for processing. Refer to California Code of Regulations (CCR), Title 15, Section 3087 for further guidance with the health care grievance process.

Do not exceed more than one row of text per line. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First, MI): Guy, William CDCR #: CS3829 Unit/Cell #: B-1-139

SECTION A: Explain the decision, action, condition, omission, policy, or regulation that has had a material adverse effect upon your health and welfare for which you seek administrative remedy.

WILLIAM GUY WHO IS HERE AT SVSP AS A DDP 2 LEVEL OF CARE INMATE HAS REQUESTED MY ASSISTANCE TO WRITE THIS COMPLAINT IN HIS OWN WORDS IN REGARDS TO HIS MEDICAL OPERATIONS FOR HIS KNEES AND LEGS. FOR ME NOT TO GET THAT SURGERY I WILL GO ON TO SUFFER IN GREAT PAIN AND MISERY. IT'S BEEN HARD FOR ME TO EVEN SIT WHEN I USE THE TOILET AND IT IS TREMENDOUSLY AGONIZING TO LIFT MYSELF AFTERWARD. BEFORE COVID-19 I WAS SCHEDULED FOR SURGERY IN THE MONTH OF OCTOBER OF LAST YEAR 2021. AM WAS APPROVED BY THE HEAD OF THE MEDICAL DEPARTMENT. IT HAS SINCE BEEN TEN (10) WHOLE MONTHS AND

If you need more space, use Section A of the CDCR 602 HC A

☐ Supporting Documents: Refer to CCR 3087.2. List supporting documents attached:

☒ No, I have not attached any supporting documents. Reason:

Grievant Signature: \_\_\_\_\_ Date Submitted: 8-14-22

BY PLACING MY INITIALS IN THIS BOX, I REQUEST TO RECEIVE AN INTERVIEW AT THE INSTITUTIONAL LEVEL. W.G.

HEALTH CARE GRIEVANCE REVIEW INSTITUTIONAL LEVEL: Staff Use Only Is a CDCR 602 HC A attached? ☐ Yes ☐ No

This grievance has been:

☐ Rejected (See attached letter for instruction): Date: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Withdrawn (see section C)

☒ Accepted Assigned To: J. SAN JUAN Title: HEALTH Date Assigned: 9/23/22 Date Due: 10/14/22

Interview Conducted? ☒ Yes ☐ No Date of Interview: 9/27/22 Interview Location: B. medical room

Interviewer Name and Title (print): F. Clemente, RN Signature: \_\_\_\_\_ Date: 9/27/22

Reviewing Authority Name and Title (print): S. Smoyer Signature: \_\_\_\_\_ Date: 10/7/22

Disposition: See attached letter ☐ Intervention ☐ No Further Intervention ☒ No Intervention

If dissatisfied with Institutional Level Response, complete Section B.

HCGO Use Only: Date closed and mailed/delivered to grievant: OCT 18 2022

1. Disability Code: ☒ TABE score  $\leq 4.0$   
☐ LPH ☐ DPV ☐ LD  
☐ DB ☐ DNH  
☐ DDP  
☐ Not Applicable

2. Accommodation: ☒ Additional time  
☐ Equipment ☐ SLI  
☒ Louder ☐ Slower  
☐ Basic ☐ Transcribe  
☐ Other: \_\_\_\_\_

3. Effective Communication: ☒ Patient asked questions  
☒ Patient summed information  
Please check one:  
☐ Not reached ☒ Reached  
\*See chrono/notes

4. Comments: Taber 0.0

DDP, DDP2

RECEIVED  
SVSP  
AUG 16 2022  
HCGO

RECEIVED  
COMPLETED  
HCCAB  
FEB 23 2023  
XCV 28 2022



STATE OF CALIFORNIA  
HEALTH CARE GRIEVANCE  
CDCR 602 HC (Rev. 06/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 2 of 2

Tracking #

SVSPHC 2400383

## SECTION B:

Health Care Grievance Appeal. If you are dissatisfied with the Institutional Level Grievance Response, explain the reason below (if more space is needed, use Section B of the CDCR 602 HC A), and submit the entire health care grievance package by mail for Headquarters' (HQ) Level health care grievance appeal review. Mail to: Health Care Correspondence and Appeals Branch, P.O. Box 588500, Elk Grove, CA 95758.

Medical at SVSP and now Health Care Appeal Branch is committing Deliberate Indifference to my serious medical need in violation of the 8th Amendment Court and Judicial Precedent standards. The appeal before you says that a doctor has recommended I get surgery and it's been months and months that have went by and I have not had the surgery (Turner v. V-Bazets 834 F.2d 1053, 1026 (8th Cir 1987). I am suffering severe and constant pain in my right arm which can be stopped by me getting the surgery the doctor recommended but instead of following I get that surgery immediately the reviewers are saying "excuse". The Supreme Court has stated that "Deliberate indifference to a serious medical need of a prisoner constitutes the 'unnecessary and wanton infliction of pain...' proscribed by the Eighth Amendment. Estelle v. Gamble 429 U.S. 97, 104 97 S.Ct. 285 (1976) and Eickes v. Pridges 531 U.S. 89 94, 127 S.Ct. 2197 (2007).

To succeed in a 1981 Civil Right lawsuit I have shown and first level reviewer ship of support executive in surgery acknowledge I have a serious medical need and that a doctor recommended surgery under a ship my pain and fix my injury. Farmer v. Brennan 511 U.S. 825 837 114 S.Ct. 1970 (1994).

Grievant Signature:

Date Submitted: 11-20-2023

HEALTH CARE GRIEVANCE APPEAL REVIEW HQ LEVEL: Staff Use Only.

Is a CDCR 602 HC A attached?

☐ Yes☐ No

This grievance has been:

☐ Rejected (See attached letter for instruction):

Date:

Date:

☐ Withdrawn (see section C)☐ Accepted

Interview Conducted?

☐ Yes☐ No

Date of Interview:

Interview Location:

Interviewer Name and Title (print):

Signature:

Date:

Disposition: See attached letter

☐ Intervention☐ No Further Intervention☐ No Intervention*This decision exhausts your administrative remedies.*

HQ Use Only: Date closed and mailed/delivered to grievant:

## SECTION C:

Grievant requests to WITHDRAW health care grievance: I request that this health care grievance be withdrawn from further review. Reason:

Grievant Signature:

Date Submitted:

Staff Name and Title (Print):

Signature:

Date:

STAFF USE ONLY

Distribution: Original - Returned to grievant after completed; Scanned Copy - Health Care Appeals and Risk Tracking System 2.0 (Do not place in central file or health record)

Unauthorized collection, creation, use, disclosure, modification or destruction of personally identifiable information and/or protected health information may subject individuals to civil liability under applicable federal and state laws.

STATE OF CALIFORNIA  
HEALTH CARE GRIEVANCE ATTACHMENT  
CDCR 602 HC A (10/18)

DEPARTMENT OF CORRECTIONS AND REHABILITATION  
Page 1 of 2

## STAFF USE ONLY

Tracking #: SVSP HC 22001383

Attach this form to the CDCR 602 HC, Health Care Grievance, only if more space is needed. Only one CDCR 602 HC A may be used. Do not exceed more than one row of text per line. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First, MI):

GUY, William

CDCR Number:

C-53829

Unit/Cell Number:

B-1-139

## SECTION A

Continuation of CDCR 602 HC, Health Care Grievance, Section A only (Explain the applied health care policy, decision, action, condition, or omission that has had a material adverse effect upon your health or welfare for which you seek administrative remedy):

I HAVE YET TO HAVE THE SURGERY GRANTED TO ME OR AT THE VERY LEAST BE PROPERLY CONSULTED AND INFORMED OF A RESCHEDULING FOR THE SURGERY THAT IS SO CRITICAL TO NOT ONLY MY MOBILITY BUT MY OVERALL HEALTH AND SAFETY BEING THAT I AM ALREADY MOBILITY IMPAIRED DUE TO MY AGE AND CONSTANT ACHES. A RIGHT THAT I AM SO BLATANTLY BEING DENIED AND DEPRIVED OF WHICH IS CLEARLY DEFINED IN CHAPTER 2, RULES OF HEALTH CARE SERVICES ARTICLE 1. HEALTH CARE DEFINITIONS 3999.9B OF THE TITLE IS (MEDICALLY NECESSARY). MEDICAL STAFF HERE AT SVSP USED COVID-19 RESTRICTIONS AS A SOURCE OF REASONING FOR ME NOT RECEIVING MEDICAL TREATMENT THAT IS IMPERATIVE TO MY MOBILITY BUT COVID RESTRICTIONS AS A WHOLE IS NO LONGER A FACTOR IN PREVENTING SURGERY TO TAKE PLACE. I'M BEING DENIED MEDICALLY NECESSARY TREATMENT WHICH IS ENTITLED TO ME. SEE, TITLE 19, CHAPTER 2, ARTICLE 1 3999.200 (A)-(E) AS WELL AS CHAPTER TWO ARTICLE 1, PROVISIONS OF HEALTH CARE 3999.201 EFFECTIVE COMMUNICATION AND 3999.303 SCHEDULING AND ACCESS TO CARE WHICH IS ESSENTIAL TO NOT ONLY MY LEVEL OF CARE AS A LEVEL 2 DDP INMATE BUT MY CRISIS AS AN ELDERLY HUMAN BEING IN MEDICAL FACILITY THAT IS SUPPOSED TO AIDE ME IN MY MEDICALLY NECESSITIES. I HOPE AND PRAY THERE IS NO REPRISALS BEHIND THIS GRIEVANCE IN REGARDS TO MY IMMEDIATE MEDICAL CARE AND CONCERNS OF LACK THERE ON THE MEDICAL STAFF HERE AT SVSP. I SAMUEL HACKETT T35884 AM THE PERSON WHO HAS ASSISTED MR. GUY WITH THIS GRIEVANCE.

Grievant Signature: Samuel HackettDate Submitted: 8-14-22

SECTION B: Staff Use Only: Grievants do not write in this area. Grievance Interview Clarification. Document issue(s) clarified during interview.

Name and Title:

Signature:

Date:

RECEIVED  
SVSP  
AUG 16 2022  
HCCG

RECEIVED  
HCCAB  
AUG 16 2022

COMPLETED  
HCCAB  
FEB 23 2023

STAFF USE ONLY

STATE OF CALIFORNIA  
HEALTH CARE GRIEVANCE ATTACHMENT  
CDCR 602 HC A (10/18)

DEPARTMENT OF CORRECTIONS AND REHABILITATION  
Page 2 of 2

Tracking # SVSPHC22001383

SECTION C: Continuation of CDCR 602 HC, Health Care Grievance Appeal, Section C only (Dissatisfied with Health Care Grievance Response):

This is not a disagreement with medical personnel's judgment as to whether or not I should have surgery to correct my injury and stop my pain. To justify V-5 being 381 R2D 1057 1057-60 19th Cir 2011. This is a matter that I was scheduled to have my surgery but never had and stopped all prison movement and that now movement has been reinstated my surgery has been forgotten and because I'm filing this 602 the reviewed 5th purpose is to deny my surgery because I'm appealing. Not because they disagree with the doctor's recommendation. To deny me surgery that a specialist doctor recommended is so grossly inappropriate, inadequate as to shock the conscience and is intolerable to fundamental fairness which constitutes deliberate indifference. *Bayer v. Evans* 792 F.2d 1052, 1058 (11th Cir. 1986).

I simply request that Health Care Appeal Branch contact SVAP medical chief support executive S. Sawyer and request that he ensure I get my surgery immediately or as soon as possible.

I Tracy Taylor E-19281 wrote this response on behalf of Guy Williams because he is ADA and suffer such pain that he couldn't write for himself. I am in B3-121 at Soledad Valley State Prison.

Grievant Signature: and

Date Submitted: November 30, 2023

SECTION D: Staff Use Only: Grievants do not write in this area. Grievance Appeal Interview Clarification, Document Issue(s) clarified during interview (If necessary at HQ Level).

Name and Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STAFF USE ONLY**

Distribution: Original - Returned to grievant after completed, Scanned Copy - Health Care Appeals and Risk Tracking System 2.0 (Do not place in central file or health record)

Unauthorized collection, creation, use, disclosure, modification or destruction of personally identifiable information and/or protected health information may subject individuals to civil liability under applicable federal and state laws.

STATE OF CALIFORNIA  
**HEALTH CARE GRIEVANCE**  
 CDCR 602 HC (Rev. 10/18)

DEPARTMENT OF CORRECTIONS AND REHABILITATION  
 Page 1 of 2

**STAFF USE ONLY:** Expedited? ☐ Yes ☐ No Tracking #: SvSp Hc 22001383

Staff Name and Title (Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
 If you think you have a medical, mental health or dental emergency, notify staff immediately. If additional space is needed, use Section A of the CDCR 602 HC A Health Care Grievance Attachment. Only one CDCR 602 HC A will be accepted. You must submit this health care grievance to the Health Care Grievance Office for processing. Refer to California Code of Regulations (CCR), Title 15, Chapter 2, Subchapter 2, Article 5 for further guidance with the health care grievance process.

Do not exceed more than one row of text per line. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First, MI): Guy, William CDCR #: 153829 Unit/Cell #: \_\_\_\_\_

**SECTION A:** Explain the applied health care policy, decision, action, condition, or omission that has had a material adverse effect upon your health or welfare for which you seek administrative remedy.

~~SEE ATTACHED  
 CDCR-602 HC / 602 HCA~~

Supporting Documents Attached. Refer to CCR 3999.227 ☐ Yes ☐ No

Grievant Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

BY PLACING MY INITIALS IN THIS BOX, I REQUEST TO RECEIVE AN INTERVIEW AT THE INSTITUTIONAL LEVEL.  

**SECTION B: HEALTH CARE GRIEVANCE REVIEW, INSTITUTIONAL LEVEL: Staff Use Only** Is a CDCR 602 HC A attached? ☐ Yes ☐ No

This grievance has been:

☐ Rejected (See attached letter for instruction): Date: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Withdrawn (see section E)

☐ Accepted Assigned To: \_\_\_\_\_ Title: \_\_\_\_\_ Date Assigned: \_\_\_\_\_ Date Due: \_\_\_\_\_

Interview Conducted? ☐ Yes ☐ No Date of Interview: \_\_\_\_\_ Interview Location: \_\_\_\_\_

Interviewer Name and Title (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

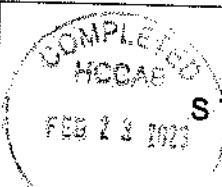
Reviewing Authority Name and Title (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Disposition: See attached letter ☐ Intervention ☐ No Intervention

HCGO Use Only: Date closed and mailed/delivered to grievant: \_\_\_\_\_

- |   |  |   |
|---|--|---|
| 1. Disability Code:   | 2. Accommodation:  | 3. Effective Communication:   |
| <input type="checkbox"/> TABE score $\leq$ 4.0  | <input type="checkbox"/> Additional time                           | <input type="checkbox"/> Patient asked questions                      |
| <input type="checkbox"/> DPH <input type="checkbox"/> DPV <input type="checkbox"/> LD | <input type="checkbox"/> Equipment <input type="checkbox"/> SLI    | <input type="checkbox"/> Patient summed information                   |
| <input type="checkbox"/> DPS <input type="checkbox"/> DNH                             | <input type="checkbox"/> Louder <input type="checkbox"/> Slower    | Please check one:   |
| <input type="checkbox"/> DDP  | <input type="checkbox"/> Basic <input type="checkbox"/> Transcribe | <input type="checkbox"/> Not reached <input type="checkbox"/> Reached |
| <input type="checkbox"/> Not Applicable   | <input type="checkbox"/> Other*                                    | *See chrono/notes.  |

4. Comments: \_\_\_\_\_



**STAFF USE ONLY**

STATE OF CALIFORNIA  
**HEALTH CARE GRIEVANCE**  
 CDCR 602 HC (Rev. 10/18)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 2 of 2

Tracking #: **Sv Sp Hc 22001383****SECTION C:**

Health Care Grievance Appeal. If you are dissatisfied with the Institutional Level Grievance Response, explain the reason below (if more space is needed, use Section C of the CDCR 602 HC A), and submit the entire health care grievance package by mail for Headquarters' (HQ) Level health care grievance appeal review. Mail to: Health Care Correspondence and Appeals Branch, P.O. Box 588500, Elk Grove, CA 95758.

Grievant Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

**SECTION D: HEALTH CARE GRIEVANCE APPEAL REVIEW HQ LEVEL: Staff Use Only**Is a CDCR 602 HC A attached? ☒ Yes ☐ No

This grievance has been:

☐ Rejected (See attached letter for instruction): Date: \_\_\_\_\_ Date: \_\_\_\_\_☐ Withdrawn (see section E) ☒ Accepted☐ Amendment Date: \_\_\_\_\_Interview Conducted? ☐ Yes ☒ No Date of Interview: \_\_\_\_\_ Interview Location: \_\_\_\_\_

Interviewer Name and Title (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Disposition: See attached letter ☐ Intervention ☒ No Intervention*This decision exhausts your administrative remedies.*HQ Use Only: Date closed and mailed/delivered to grievant: **FEB 23 2023****SECTION E:** Grievant requests to WITHDRAW health care grievance: I request that this health care grievance be withdrawn from further review. Reason: \_\_\_\_\_

Grievant Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Staff Name and Title (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

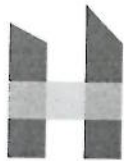
Date: \_\_\_\_\_

**STAFF USE ONLY**

Distribution: Original - Returned to grievant after completed; Scanned Copy - Health Care Appeals and Risk Tracking System 2.0 (Do not place in central file or health record)

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# CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



## Institutional Level Response

**Closing Date:** OCT 18 2022  
**To:** GUY, WILLIAM (C53829)  
 B 001 1139001LP  
 Salinas Valley State Prison  
 P. O. Box 1020  
 Soledad, CA 93960-1020

**Tracking #:** SVSP HC 22001383

### RULES AND REGULATIONS

The rules governing these issues are: California Code of Regulations, Title 15; Health Care Department Operations Manual; Mental Health Services Delivery System Program Guide; California Department of Corrections and Rehabilitation Department Operations Manual.

### HEALTH CARE GRIEVANCE SUMMARY

In your CDCR 602 HC, Health Care Grievance, you explained the decision, action, condition, omission, policy, or regulation that has had a material adverse effect upon your health or welfare for which you seek administrative remedy.

Issue	Description
Issue: Disagreement with Treatment ( Primary Care Provider )	You state without surgery you will suffer in pain.
Issue: Scheduling ( PCP Encounter )	You state it has been hard for you to sit when you use the toilet and agonizing to lift yourself afterward.
Issue: Scheduling ( Wait Time )	You state in October 2021 you were approved/scheduled for surgery and it has been 10 months and you have yet to have the surgery, or proper consultation, and have not been informed of rescheduling.
Issue: Disagreement with Treatment ( Primary Care Provider )	You claim medical staff used COVID-19 restrictions as a source of reasoning for you not to receive medical treatment that is imperative to your mobility, but COVID-19 is no longer a factor and you are being denied medically necessary treatment.
Issue: Administrative ( Policy & Procedure )	No reprisal.
Issue: Surgery ( Lower Extremities )	To have surgery for your knees and legs.

### INTERVIEW

On September 27, 2022, you were interviewed by F. Ssempebwa, Health Care Appeals Registered Nurse (HARN) regarding this health care grievance. During the interview, you were allowed the opportunity to fully explain your health care grievance issue(s).

Note 1: The institutional level review is based on records available as of the date the Institutional Level Response is signed by the reviewing authority.

Note 2: The closing date reflects the closed, mailed/delivered date of the health care grievance.

Note 3: Permanent health care grievance document. Do not remove from the health care grievance package.

**INSTITUTIONAL LEVEL DISPOSITION**

☒ No intervention. ☐ Intervention.

**BASIS FOR INSTITUTIONAL LEVEL DISPOSITION**

Your health care grievance package and health record, and all pertinent departmental policies and procedures were reviewed. These records indicate on August 17, 2021, you were seen by your Primary Care Provider (PCP) for a follow up visit after seeing the Orthopedic Specialist who recommended a Computed Tomography (CT) scan of the right knee and a neurology evaluation.

On August 25, 2021, you were seen by your PCP who recommended to continue with pain medications and your wheelchair.

On November 21, 2021, you were seen by your PCP after a CT scan of the right knee and the PCP placed an order for surgery.

On September 28, 2022, you were seen for an orthopedic consultation and the progress note indicated the provider recommended repeat x-rays and asked for them to be sent to him prior to scheduling surgery.

On October 10, 2022, you were seen by your PCP for a follow up and the PCP went over the Orthopedic Specialist's recommendations, and placed an order for x-rays and a follow up orthopedic consult. It was also noted the wheelchair and fall precaution was continued.

On October 13, 2022, the x-rays of the right knee were completed. You will be seen by your PCP for a follow up as scheduled.

There is no indication your care has not been provided pursuant to the rules and regulations governing the management and delivery of medically or clinically necessary health care services. Patients shall be accorded impartial (equal, unbiased) access to treatment or accommodations that are determined to be medically or clinically indicated, based on the patient's individual presentation, history, and exam findings, in accordance with appropriate policies and procedures. Treatment determined to be medically or clinically indicated for another patient may not be determined to be appropriate for you; this does not constitute a violation of your right to impartial access to medically or clinically necessary health care.

While you may not agree with the decisions of your treatment team, it does not constitute staff misconduct or deliberate indifference to your health care needs.

California Correctional Health Care Services makes every effort to ensure patients receive timely access to the full range of necessary health care services. In order to improve the overall quality and efficiency of health care services and outcomes, California Correctional Health Care Services includes the appropriate personnel and organizational functions to identify and address barriers to care, including staffing, lockdowns, restricted movement, fog lines, and backlogs.

Per California Code of Regulations, Title 15, Section 3999.226(e), "Staff shall not take reprisal against the grievant for filing a health care grievance."

Your medical condition will continue to be monitored with care provided as determined medically or clinically indicated by the primary care provider. If you have additional health care needs, you may access health care

Note 1: The institutional level review is based on records available as of the date the Institutional Level Response is signed by the reviewing authority.

Note 2: The closing date reflects the closed, mailed/delivered date of the health care grievance.

Note 3: Permanent health care grievance document. Do not remove from the health care grievance package.



services by utilizing the approved processes in accordance with California Correctional Health Care Services policy.

While the health care grievance process is a means of setting forth your health care concerns, it is not a substitute for direct communication about your health with your health care providers. You are encouraged to continue your care with your assigned health care providers and share with them new or additional clinical information about your conditions that you believe may affect your care. However, California law directs your health care providers to offer and provide only the care they determine to be currently medically or clinically necessary for you, in accordance with appropriate policies and procedures. Previous orders from other health care facilities or staff, input from health care consultants, and/or your own personal preferences may be considered, but do not control the professional judgment of your current health care providers.

If you are dissatisfied with the Institutional Level Response, follow the instructions on the CDCR 602 HC, Health Care Grievance, and submit the entire health care grievance package for headquarters' level review. The headquarters' level review constitutes the final disposition on your health care grievance and exhausts your administrative remedies.



S. Sawyer  
Chief Support Executive  
Salinas Valley State Prison

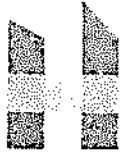


Reviewed and Signed Date

Note 1: The institutional level review is based on records available as of the date the Institutional Level Response is signed by the reviewing authority.

Note 2: The closing date reflects the closed, mailed/delivered date of the health care grievance.

Note 3: Permanent health care grievance document. Do not remove from the health care grievance package.



# HEALTH CARE SERVICES



## Headquarters' Level Response

**Closing Date:** FEB 23 2023

**To:** GUY, WILLIAM (C53829)  
Salinas Valley State Prison  
P. O. Box 1020  
Soledad, CA 93960-1020

**From:** California Correctional Health Care Services  
Health Care Correspondence and Appeals Branch  
P.O. Box 588500  
Elk Grove, CA 95758

**Tracking #:** SVSP HC 22001383

### RULES AND REGULATIONS

The rules governing these issues are: California Code of Regulations, Title 15; Health Care Department Operations Manual; Mental Health Services Delivery System Program Guide; California Department of Corrections and Rehabilitation Department Operations Manual.

### HEALTH CARE GRIEVANCE APPEAL SUMMARY

In your CDCR 602 HC, Health Care Grievance, you explained the decision, action, condition, omission, policy, or regulation that has had a material adverse effect upon your health or welfare for which you seek administrative remedy.

#### **Issue**

#### **Description**

Issue: Disagreement with Treatment  
(Primary Care Provider)

Medical staff used COVID-19 restrictions as reasoning for you not to receive medical treatment that is imperative to your mobility; you are being denied medically necessary treatment.

Issue: Surgery (Lower Extremities)

To have surgery for your legs and knees.

Issue: Scheduling (Wait Time)

You were approved and scheduled for surgery in October 2021 and you have yet to have surgery and have not been informed of rescheduling.

Issue: Administrative (Policy & Procedure) No reprisal.

### HEADQUARTERS' LEVEL DISPOSITION



No intervention.



Intervention.

Note 1: The headquarters' level review is based on records available as of the date the Headquarters' Level Response is signed by the reviewing authority.

Note 2: The closing date reflects the closed, mailed/delivered date of the health care grievance.

HEALTH CARE SERVICES

P.O. Box 588500  
Elk Grove, CA 95758

**BASIS FOR HEADQUARTERS' LEVEL DISPOSITION**

Your health care grievance package and health record, and all pertinent departmental policies and procedures were reviewed. These records indicate:

- On September 28, 2022, you were seen for an orthopedic consultation and the progress note indicated the surgeon recommended repeat x-rays and asked for them to be sent to prior to scheduling surgery.
- On October 13, 2022, x-rays of the bilateral knees were conducted.
- On December 12, 2022, you were seen for an orthopedic surgery consultation. The orthopedic specialist reviewed the x-rays and recommended a magnetic resonance imaging (MRI) arthrogram and a follow-up once it was completed.
- On February 7, 2023, an MRI arthrogram was conducted.
- You have an appointment currently pending to see the orthopedic specialist.

You have received primary care provider evaluations and monitoring for your chronic medical conditions.

The primary care provider completed assessments, noted review of your history, current symptoms, and laboratory/imaging results, and developed a plan of care, including medications, accommodations, and referrals. Your medical condition will continue to be monitored with care provided as determined medically or clinically indicated by the primary care provider. If you have additional health care needs, you may access health care services by utilizing the approved processes in accordance with California Correctional Health Care Services policy.

California Correctional Health Care Services makes every effort to ensure patients receive timely access to the full range of necessary health care services. In order to improve the overall quality and efficiency of health care services and outcomes, California Correctional Health Care Services includes the appropriate personnel and organizational functions to identify and address barriers to care, including staffing, lockdowns, restricted movement, fog lines, and backlogs.

While you may not agree with the decisions of your treatment team, it does not constitute staff misconduct or deliberate indifference to your health care needs.

Per California Code of Regulations, Title 15, Section 3999.226(e), "Staff shall not take reprisal against the grievant for filing a health care grievance."

Your medical condition will continue to be monitored with care provided as determined medically or clinically indicated by the primary care provider. If you have additional health care needs, you may access health care services by utilizing the approved processes in accordance with California Correctional Health Care Services policy.

While the health care grievance process is a means of setting forth your health care concerns, it is not a substitute for direct communication about your health with your health care providers. You are encouraged to continue your care with your assigned health care providers and share with them new or additional clinical information about your conditions that you believe may affect your care. However, California law directs your health care providers to offer and provide only the care they determine to be currently medically or clinically necessary for you, in accordance with appropriate policies and procedures. Previous orders from other health care facilities or staff, input from health care consultants, and/or your own personal preferences may be considered, but do not control the professional judgment of your current health care providers.

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Note 1: The headquarters' level review is based on records available as of the date the Headquarters' Level Response is signed by the reviewing authority.

Note 2: The closing date reflects the closed, mailed/delivered date of the health care grievance.

W.GUY, C53829  
SVSP HC 22001383  
Page 3 of 3

This decision exhausts your administrative remedies.



Digitally signed by  
HCCAB  
Date: 2023.02.22  
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S. Gates, Chief  
Health Care Correspondence and Appeals Branch  
Policy and Risk Management Services  
California Correctional Health Care Services

February 22, 2023  
Reviewed and Signed Date

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Note 1: The headquarters' level review is based on records available as of the date the Headquarters' Level Response is signed by the reviewing authority.

Note 2: The closing date reflects the closed, mailed/delivered date of the health care grievance.

HEALTH CARE SERVICES

P.O. Box 588500  
Elk Grove, CA 95758

# **CIVIL COMPLAINT**